

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-006

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name:  <b>Administrative Data</b>	Submission date:	Contact person (if different than reporter)	Internal ID <b>1-49294660</b>
	Address:  <b>Maryland</b>		Address:	
	Phone #:  <b>[REDACTED]</b>		Phone #:	
	Incident Status:  <b>New</b>	Location and date of incident <b>Maryland</b> <b>Unknown</b>	Date registrant became aware of incident: <b>8/9/2017</b>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1)  <b>239-2686</b>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)  <b>Glyphosate, Imazapyr</b>	A.I. (s)	A.I. (s)	
	Product 1 Name  <b>GroundClear Complete Vegetation Killer Ready To Use 1.25 gal</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation:	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of way (rail, utility, highway))  <b>Own Residence</b>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <b>See Description Notes</b>	
Incident Circumstances	Applicator certified PCU? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>			

*8/9/2017 8:44:06 PM Ground Clear  
UPC #: 71549-04356  
EPA #: 239-2686*

*HX: The callers' husband sprayed the product yesterday. Today he mowed the treated area. His eyes were hurting, he couldn't breathe and he felt like he was going to pass out.*

*A: - The symptoms described would not be expected with exposure to the product a day after it was sprayed.*

- Inhalation of this product while spraying it may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*
- If symptoms persist or worsen seek medical attention.*
- Please call back with any additional questions or concerns.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Unknown</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects.  <i>Other miscellaneous - Felt like he was going to pass out, Unable to determine;</i> <i>Ocular Irritation. Unable to determine;</i> <i>Other Respiratory - Difficulty breathing, Unable to determine;</i>	If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>	
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
1-49294550